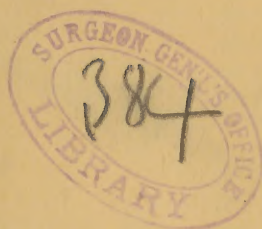


GLEITSMANN, (J. W.)

Nasal instruments.

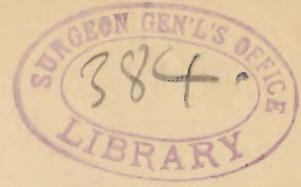






# NASAL INSTRUMENTS.

By J. W. GLEITSMANN, M. D.



1. *A Nasal Bone Forceps.*—Although the writer feels some aversion to increasing the already large number of existing designs of nasal forceps, the instrument here described has, after repeated trials, proved so satisfactory that he deems it advisable to publish a description of it. The forceps has the usual angle of nasal instruments. The branches, which are slender but very strong, cross each other when the instrument is closed, thereby occupying very little space. They can be introduced through the narrowest nasal speculum to any desirable depth, and, on account of their smallness, do not obscure the field of vision. The chief point distinguishing it from other devices is the location of the joint near the distal end, by which arrangement great power can be exerted when the blades seize the part to be removed (Fig. 1).

The design had its origin in the desire to extract pieces of septal cartilage, or still oftener bones which had been operated upon either with the nasal trephine or the saw. Especially in using the saw the severed bone was often found to be difficult of removal on account of being firmly imbedded in the stenosed canal or still adherent to the septum by a shred of undivided mucous membrane. The failure to extract the bone with a slender forceps and the difficulty of overlook-

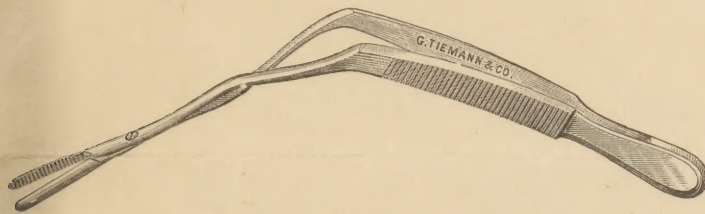


FIG. 1.

ing the field when using a stronger straight forceps led to the construction of the instrument.

Although intended only for removal of bone which had been operated upon, quite recently a foreign body, a shoe-button, which yielded to no other instrument, was extracted from the nostril by the aid of the forceps, having blades with three prongs, as shown by the second drawing (Fig. 2).



FIG. 2.

2. *A New Nasal Dilator.*—The dilator here described is made from the wood of the *Nyssa aquatica*, or tupelo-tree of the Southern States, which was first introduced into medical practice by Dr. G. E. Sussdorf. In the May number of the "Richmond and Louisville Journal," 1879, he recommended its use for tents to dilate the os uteri, and subsequently Mundé corroborated his statements. The root is subjected to heavy hydraulic pressure, and, when exposed to moisture, offers the following advantages: It expands very rapidly and equably, and is therefore preferable to laminaria, which swells irregularly, and consequently exerts unequal pressure. Its surface is smooth and does not lacerate the tissue when introduced into a narrow opening. After removal the tissues do not appear dry, but even more moist and pliable than before. Tupelo has also to a certain degree antiseptic properties; it does not favor decomposition, and no smell is perceptible after it has been extracted. Its chief advantage for our purpose is the softness of its texture, which enables us to cut it into any desirable shape with an ordinary knife (Fig. 3).

The writer was for some time in search of an agent to produce suf-

ficient dilatation of naturally narrow nostrils, which did not require active interference—viz., which did not present a turbinated hy-

Fig 1.

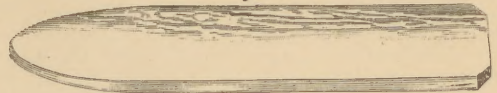


Fig 2.



FIG. 3.

pertrophy or a septal exostosis. Further, cases often presented themselves for treatment in which after such operations sufficient space could not be gained for satisfactory nasal drainage, or in which the danger of subsequent formation of adhesions was imminent. The soft rubber tubes and similar devices did not fulfill the requirements, and a more thorough and efficient method seemed highly desirable. Tupelo, to which the writer's attention for this purpose was first drawn by Messrs. Tiemann & Co., has proved to him so eminently satisfactory that he considers it his duty to lay the results of his experience before the profession. He has employed it now in about a dozen cases, and in no instance has it failed to meet his expectations. A single case may serve as an illus-

tration: A patient with naturally very narrow nostrils and bilateral exostoses on the lower part of the septum suffered from almost complete obstruction of the nares, the lateral walls and the septum being in immediate contact with each other without the presence of true turbinated hypertrophy. On one side the septal exostosis had been removed by a physician, but the operation had not given the desired relief. The introduction of the tupelo dilator four times opened the nostril enough for all practical purposes, and no contact of the parts took place afterward. The other nostril was treated in precisely the same manner, tupelo being introduced after the wound from the nasal trephine had healed sufficiently, and the result was equally satisfactory. The writer feels confident that he has materially shortened the time of treatment of suitable cases since applying the tupelo dilators, and he would feel loath to part with them.

The manner of application is very simple. After the nostril is thoroughly cleansed with a disinfectant solution and anæsthetized with cocaine, a piece of tupelo is cut to correspond to the required size, seized with an ordinary forceps, and introduced to the desired depth. After remaining in the nose for fifteen to twenty minutes the expansion is accomplished and the piece, generally swollen to quadruple its size, removed. After another cleansing, the patient can be sent home, or, as it has been my custom lately, a piece of tinfoil, which also can easily be shaped according to the requirements of the case, is inserted, to prevent contact of the parts, if there should be such an indication. The tinfoil may remain with impunity till the patient pays his next visit. The smaller piece of tupelo in the drawing represents the size generally employed. It was put into water for ten minutes, and the second figure shows the appearance of the piece after that time. This is the usual expansion obtained in the nostril. It has been found most convenient to have the tupelo made up in pieces of six inches by an inch and a half









